

CLAIMS ONLY							Application Number 09/891655		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				2			56					
7				2			57					
8				2			58					
9				2			59					
10				2			60					
11			1				61					
12				1			62					
13			1				63					
14				1			64					
15				2			65					
16				2			66					
17				2			67					
18				2			68					
19				2			69					
20				2			70					
21				2			71					
22				2			72					
23				2			73					
24				1			74					
25				1			75					
26				2			76					
27				2			77					
28				2			78					
29				1			79					
30				2			80					
31				2			81					
32			1				82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			4				Total Indep					
Total Depend			41				Total Depend					
Total Claims			45				Total Claims					